



NEWSLETTER

@ Newsletter from The **E**uropean **S**ociety of **C**ontraception

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Intro from the Chief Editor

In this Newsletter we focus almost exclusively on the reports of the workshops held in the recent seminar in Warsaw. In the next issue we will return to the usual format. We will try to limit the size of the Newsletter to enhance the readability and consider the issuing of a hard copy included in the mailing of the Journal. Please send us your comments to improve the Newsletter.

Olga Loeber, The Netherlands

Editorial

Dear ESC members, Dear colleagues,

I am pleased to give you a short summary of important current developments in the Society and introduce new activities which might attract you.

1) Seminar in Warsaw, 23 – 24 September 2005

This meeting had the highest attendance ever in the history of ESC seminars, with 25 countries represented. The seminar kept the unique, open and warm atmosphere from previous occasions, making the most of the relatively smaller numbers, and concentrating on one topic only. Our appreciation goes to the local organizers, especially Olga Loeber and Medard Lech, and our Central Office. As the full report will appear in this issue, allow me to mention only one negative experience: two penises were stolen from the Love box, belonging to Olga Loeber. If someone of you would find them by accident in your luggage, please send it to the Central Office.

2) Congress in Istanbul, 3 – 6 May 2006

The scientific programme is already completed and all speakers confirmed their contributions. Please, find all the necessary information either in the previously distributed Second announcement or on our website. Do not forget a deadline for abstract submission: 1 February, 2006

3) The Internal Scientific Committee

The Internal Scientific Committee was established by the Board of Directors, consisting of 5 members (Dan Apter, Vit Unzeitig, Rob Beerthuisen, George Bartfai, Alenka Pretnar Darovec) with a mandate for 2 – 4 years. Among the important responsibilities of this committee is the management of all requests for financial support from the Society either for projects or for meetings (see Rules of Procedures - available on the website).

4) Support for local initiatives

A new option was opened for those who plan to organize a meeting within the area of contraception and reproductive health in their own country. According to this new rule of procedure, each ESC member is allowed to apply for financial support for a meeting or seminar. This must not be one of the regular meetings. The application process can be found on the website.

5) ESC Expert Groups

In total 5 groups of interest in different areas were established: Sexual and reproductive health and education; STI; Abortions; Hormonal contraception; Non-hormonal methods of contraception. There are 2 – 3 members from the Board and a maximum of 3 members from outside the Board in each group. Their main responsibility is to follow the development in these areas, react promptly in the name of ESC to new developments and produce review articles covering their progress each year, which will be published in our Journal.

I hope this summary gives you a good insight into activities of the Executive Committee and the Board, and may help you to actively participate.

D. Cibula, Czech Republic, ESC President

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Report from the Youth Forum

The consumers point of view

With the participation of students from Hungary, Russia, Czech Republic and Poland

Chair : *Olga Loeber (Netherlands) and Ulla Ollendorf (Norway)*

This active workshop started with the introduction of the forum and then several topics concerning sex education were discussed with the forum and the participants.

The take home messages from the forum can be summarized as follows:

- 1- Sex education should be continuous and start at an early age (preschool).
At this stage it should be done by parents and include information about physical differences between boys and girls and behavioural aspects like equal rights between boys and girls.
- 2- Later at school age sex education should:
 - a- contain knowledge about fertility, body development, facts about contraception and prevention of unwanted consequences. This part should be standardized, checked and updated to enhance quality and could well be provided by school teachers.
 - b- deal with behaviour and communication, homosexuality, the development of sexual behaviour in life etc. This part could be provided by specialized trainers or peer educators
- 3- The taboo concerning talking about sexuality by parents and teachers should be reduced.
- 4- The method 'Nine Steps of Sexuality' seems a good method of dealing with sex education.
- 5- Sexuality has dark sides in all of us. These should also be addressed.
Protection against coercion and other unwanted behaviour could be done by enhancing self respect and self esteem.
- 6- The main focus of sex education should be on the positive sides of sex.
- 7- Boys should be taught what girls think and vice versa.



Summary of the Workshops

Workshop 1: Sex education in European countries

Chair: *Bojana Pinter (Slovenia) & Istvan Batar (Hungary)*



Ten topics on sexual education (SE) were discussed:

1. **Mission of SE?** To increase Knowledge, Attitudes, Skills and Practice (KAS, KAP) to improve sexual and reproductive health.
2. **Aims of SE?** To prevent unwanted pregnancies, STIs and other consequences, starting with building self-esteem and increasing communication.
3. **What kind of SE is present?** There are marked differences among European countries. Educational program "Nine steps" from Finland could be interesting also for other countries. Maybe ESC can give support in dissemination of programs.
4. **Where could SE be performed?** There was a strong agreement that it should start in the family and be supported by school and other levels.
5. **Knowledge – which topics and when?** Topics should be age specific, aiming to the rights to choose, developing self-respect... Incorrect messages such as "Oral sex is not sex" should also be addressed.
6. **How to address attitudes?** Emotions should be addressed, also using well-trained peer groups. Changing attitudes at different levels (personal... governmental) is needed.
7. How to improve skills and practice? **With positive (give choices) and interactive (role plays) approach, involving psychologists, counsellors.**
8. Media influence? **Encourage ourselves and others to use the media in a more positive way.**
9. Networking? **It is needed at personal, local, national and international level.**
10. Obstacles? **Conservatism, faith groups, lack of interest in their children by some parents, culture, media and finance.**

In the **Conclusions** the following were suggested: 1) learn from experienced countries, 2) start the improvement within ourselves, 3) more attention should be given to parents, 4) "listen first - than talk", 5) do not coerce – give options, 6) collaborate with media, and 7) ask ESC for support.

Workshop 2:**Contraception and other preventive measures tailored for adolescents and young people***Chair: A. Webb (United Kingdom) & G. Bartfai (Hungary)*

The aim was to start a discussion around what may affect the use of clinical and advisory services by young people. Every country had some successes but all were aware that there are still many barriers.

The main area explored looked at the legal framework that clinicians had to work in with regards to sexual health issues in minors. In all countries an adult was defined as anyone aged 18 years or over. Below



that there is a plethora of laws which influence what care can be given whilst maintaining confidentiality as well as being able to address issues of child protection.

In **Greece** everything is legal but there is always the possibility that a complaint can be made against the clinician via the police. In **France** the usual age for consent to treatment is 15 years. Below that an abortion can be provided confidentially but not treatment for STI! In **Ireland** and **Portugal** abortion is illegal regardless of age and in the latter any pregnant girl under 15 years is referred to child protection. In **Finland** the clinician can use judgement to assess maturity (11 or 12 years) and there are specialist units for child protection if there is concern. In **Hungary** parental consent is needed for anyone under 18. In **Israel** there is a special document for the Ministry of Health to allow adolescent services, as changing the law is seen as too sensitive. In **Belgium** there are no particular laws regarding sexual health services and 16 is the age for consent to treatment. In **England & Wales** a new sexual offences law has helped to clarify consent to treatment and the need to refer to specialist services.

The group agreed that the ESC could possibly be a conduit for some harmonisation of rights and laws in Europe, to allow normal adolescent development at varying ages and protection against abuse as well as unwanted pregnancies and STIs.

Workshop 3:**Sexual and reproductive problems of young people and how to cope with these problems***Chair: A. Verougstraete (Belgium) & C. Coll (Spain)*

We had a lively discussion that could easily have gone on for a few more hours!

Sexual problems: Lack of sex education can induce poor sex experience, and this can cause sexual problems later in life.

When young people first have sex, it will not always be "nirvana" on the first night! Sex is a new activity that has to be learned, that needs **training time**. Sex education should help to **diminish the feeling of failure**.

Young people may have problems when discovering their **sexual orientation** (more suicides in young homosexuals).

An open **atmosphere at home** around sexuality will help youngsters to develop harmoniously.

The quality of the **relation** will influence the quality of sex (consent, power, abuse).

Balancing power in the relation is often difficult in this age group.

Confidentiality may be life saving! Be careful when using computer programmes and about feedback from medical insurance to the parents.

Contraception means sex with premeditation!

Condoms: to use a condom when you first have sex can be tricky! So train in the bathroom, learn together; have a good laugh if things go wrong! Sex education should help to diminish embarrassment.

Compliance in pill use is worse in adolescents.

Price is important! more expensive pills are not better than cheaper brands.

Adolescents love the sense of freedom!: contraception gives more freedom and autonomy in the relationship. Taking the pill does not mean you need to have sex if you don't want to!

Some girls need hidden contraception (Depo-provera, implants, NuvaRing).

Some girls are so ambivalent about sex, have so many conflicting moral norms, that it is extremely difficult to have a preventive attitude and to use contraception properly.

Pregnancy: Who has an abortion and who stays pregnant?

If young women have a **life project**, they are more likely to opt for an abortion. **Denial of pregnancy** is a real risk in young women who can't handle the information.



Workshop 4:

The role of parents, school and other organizations in the sexual education

Chair: S. Jones (Rep. of Ireland) & D. Lazaris (Greece)



Schools.

Sex education is not uniform throughout Europe. It is new in some countries (Ireland, Baltic States), more established in a country like the French speaking part of Switzerland. The influence of church inhibits sex education in countries

like Poland and Lithuania. New immigrant people can have special needs and may need ways of involving them in the sex education system.

Parents.

Parents need more advice and support in giving sex education to their children according to their age and needs.

More resource materials needed – websites, DVD's, leaflets and meetings may be of use.

In Switzerland where there has been sex education for some time, parents may feel more comfortable talking to their children.

Other organisations.

Family planning organisations support sex education programmes in many countries. Resources – meetings and training of health personnel.

Youth groups – 'Youth to Youth' education schemes.

Media – Websites – Radio – TV may be of help.

Recommendations

- Better organized sex education in schools.
- Delivered by trained teachers
- To stand alone as a subject – not part of biology or religion classes.
- Where sex education is not in a country – Parents and politicians should be influenced to change the situation to a more liberal system.
- Parents need to be empowered, to be able to promote sex education at home.
- Countries should be able to exchange ideas and resource materials to help each other to promote sex education
- Through the co-operation of international organisations such as ESC.

Call for abstracts - 9th ESC Congress Istanbul, 3 - 6 May 2006

The Organising and Scientific Committee cordially invite all those involved in any aspect of contraception, sexual and reproductive health to participate actively by submitting abstracts, either for oral or poster presentation. All abstracts will be peer reviewed and those accepted will be published in the European Journal of Contraception and Family Planning.

Go to : www.contraception-esc.com

Deadline: 1 February 2006

ESC Sessions during other Congresses

ESC Sessions during other congresses

(detailed programme can be found at www.contraception-esc.com)

EBCOG Congress, Torino, 5 to 8 April 2006

ESHRE Congress, Prague, 18 to 21 June 2006

FIGO, Kuala Lumpur – Malaysia, 5 to 10 November 2006



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All Newsletters are also to be found on the website of the Society:
<http://www.contraception-esc.com>
(go to 'News')